

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 11/19/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 11/21/2006						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	8599	1119	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	157	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	9	1614	2468	854
		537	127	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404904	WESTERN HIGHLAN DS LME	3413	115	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8534	71	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	431	8331	7900
		8518	68	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404910	PATHWAYS	11	153	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	93	DUPLICATE OF CLAIM-SYSTEM	56	392	3419	3027
		8599	52	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404912	CATAWBA COUNTYM ENTAL HEALT	11	2	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		191	2	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	1	5	786	781
		8935	1	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404913	MECKLENBURG COM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404916	CROSSROADS BEHA VIOAL HEAL	79	20	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		3412	18	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	66	1729	1663
		3411	12	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404917	CENTERPOINT HUM AN SERVICES	3412	175	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		11	150	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	776	3835	3059
		8534	130	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8518	258	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		24	252	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	17	979	11381	10402
		8599	222	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	8505	2622	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	100	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	2722	2722	0
3404921	ORANGE PERSON C HATHAM AREA	8536	576	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8599	360	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1631	4812	3181
		21	188	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	3411	2186	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		21	351	DUPLICATE OF CLAIM-SYSTEM	26	3047	8876	5829
		191	182	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404923	FIVE COUNTY MH	11	177	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8536	117	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	386	2614	2228
		8518	48	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404925	SANDHILLS CENTE R FOR MH/DD	120	312	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		8599	247	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	162	1309	6714	5405
		11	168	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404926	SOUTHEASTERN RE G MENTAL HL	8518	594	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		21	333	DUPLICATE OF CLAIM-SYSTEM	11	1337	2401	1064
		23	132	SERVICE REQUIRES PRIOR APPROVA L				
3404927	CUMBERLAND CO M HC	8599	10	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	5	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	20	403	383
		191	2	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY	8535	2	SERVICE FACILITY LOCATION WAS				
	MNTL HLTHC			NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		0	0		0	2	66	64
3404931	WAKE CO HUM SVC	8599	62	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	9	CLIENT ID NUMBER DOES NOT MATC	0	92	182	90
				H PATIENT NAME				
		8536	6	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404933	SOUTHEASTERN CT	21	245	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD							
		11	114	CLIENT NOT ELIGIBLE ON SERVICE	1	422	2714	2292
				DATE				
		120	18	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404934	ONSLow CARTERET	8535	148	SERVICE FACILITY LOCATION WAS				
	BEHAV HEAL			NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		8534	107	SERVICE FACILITY LOCATION IS N	1	493	1106	613
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		3411	103	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	WILSON-GREENE M	79	4	THIS SERVICE IS NOT PAYABLE TO				
	ENTAL HEALT			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	1	DETAIL NOT COVERED BY COMBINAT	0	5	753	748
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404937	EDGEcombe NASH	21	42	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
		8518	30	CLAIM DENIED, SUBMITTED BEYOND	0	73	3407	3334
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8651	1	ONLY FOUR UNITS ALLOWED PER MO				
				NTH				
3404939	NEUSE MENTAL HE	11	18	CLIENT NOT ELIGIBLE ON SERVICE				
	ALTH CENTER			DATE				
		79	2	THIS SERVICE IS NOT PAYABLE TO	0	23	262	239
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		1588	2	CLAIM DENIED. TREATMENT HAS B				
				EEN RENDERED BY				
				ANOTHER PROVIDER FOR THIS DATE				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404941	PITT CO MH/DD/S AS CENTER	8518	2835	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8534	369	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	3434	4301	867
		21	111	DUPLICATE OF CLAIM-SYSTEM				
3404942	ROANOKE CHOWANH UMAN SERVIC	79	3	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8518	3	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	10	182	172
		3411	2	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404943	ALBEMARLE MENTA L HEALTH CE	79	29	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8536	14	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	5	65	592	527
		8599	8	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA N SERVICES	21	23	DUPLICATE OF CLAIM-SYSTEM				
		8518	12	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	46	1196	1150
		79	5	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM ENTAL HEALT	21	544	DUPLICATE OF CLAIM-SYSTEM				
		8599	204	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	7	995	5938	4943
		191	69	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404957	TIDELAND MENTAL HEALTH CTR	8518	37	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	28	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	11	81	2973	2892
		8931	9	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404979	NEW RIVER AREAM H/DD/SA PRO	8536	44	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		3412	43	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	136	5365	5229
		8599	37	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				